DT08 Rec'd PCT/PTO 11 4 HAR 2005

PTO/SB/83 (09-03)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT and CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/505,444				
Filing Date	February 17, 2003				
First Named Inventor	Helmut Mathias Simonis				
Art Unit	Unknown				
Examiner Name	Unknown				
Attorney Docket Number	002918.00026				

P.O. E	nissioner for F Box 1450 ndria, VA 223								
Please withdraw me as attorney or agent for the above identified application, and									
all the attorneys/agents of record.									
the attorneys/agents (with registrations numbers) listed on the attached paper(s), or									
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City		Saratoga	State	CA		ZIP	95070		
Country USA									
Telephone 408-446-8690		408-446-8690	Fax	408-446	3-446-8691				
Name	Christopher F	R. Glembocki							
Signature Olelandelle.		Registration No.		38,800					
Date	Pate March 14, 2005		Telephone No.		202-824-3000				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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